

**MINNESOTA
Brain Injury
Statewide Action Plan**

Brain Injury Interagency Leadership Council

**STRATEGIC PLAN
2010 – 2015**

2010

Table of Contents

Mission Statement	3
Executive Summary	4
Introduction	5
Strategic Plan Overview	7
Project Participants	7
Organization of the Strategic Plan	8
Direction and Goals	8
Agreement	7
Resources	7
Needs & Resource Assessment	8
Designating and Maintaining Strategic Champions	8
Determining and Maintaining Metrics and Indicators	8
Supporting Documents	9
Background	9
Mission	9
Vision	9
Guiding Principle Tenets	9
Responses to 2009 Needs and Resource Assessment	10
Summary of Strengths, Weaknesses/Threats and Opportunities	10
Appendix A	13

Mission Statement

The Brain Injury Interagency Leadership Council is dedicated to providing a supportive forum in which key stakeholders in the field of brain injury can collaborate on opportunities and challenges in developing, promoting, maintaining, and measuring the efficacy of systems and services to meet the social, vocational, health, residential, and transportation needs of individuals with, and families affected by brain injuries.



2010

The planning process and report development were financially supported by Minnesota's State TBI Implementation Partnership Grant, Grant # H21MC06770, from the federal DHHS, HRSA; CFDA #: 93.234.

Thanks to Ann Swanson of SKS Consulting Psychologists for her assistance in developing this plan.

Executive Summary

This statewide action plan describes Minnesota's future direction and outlines our statewide interagency goals and areas of focus for the five year period from 2010-2015.

This strategic plan provides a road map to achieve our goals and objectives over the next five years. It renews our vision and strategic focus, thereby adding value to our membership, to our clients and their support networks, and to our communities. This Strategic Plan reviews past achievements and identifies the following goals:

- Develop valid, methodologically sound and administratively feasible data processes for assessing and disseminating information regarding the financial impact of brain injuries and the return on investment of specific funding, policy, programs, services and supports. Data and information about research based approaches and infrastructure will be used to drive policy, programs, and services.
- Establish a bi-annual brain injury summit that brings together policy makers and stakeholders to discuss key findings, policy and funding.
- Effectively identify and appropriately address the needs of high risk populations.
- Identify/advocate for systems changes in order to stream line access to services for individuals affected by brain injury.

The strategic direction and goals are anchored in the understanding of what stakeholders' value most about the work of the Brain Injury Interagency Leadership Council. The goals are responsive to the direction and feedback from the Department of Human Services TBI Advisory Committee, serving as the designated advisory body for State TBI Grants, and include the responsibilities of member organizations and agencies.

Annually, the Brain Injury Interagency Leadership Council will review progress on this plan and make course corrections. Specifically, this review will assess and identify what is working, what needs work, and what new information needs to be considered. This annual review also serves as a promotional vehicle for the plan.

Introduction

Minnesota established a TBI (now BI) Interagency Leadership Council in 1997, formalized by a series of signed Interagency Cooperative Agreements. The commitment to maintaining an Agreement is ongoing. Our federal partners in the Traumatic Brain Injury Program at the US Department of Health and Human Services, Health Resources and Services Administration require funded states to create or revise their strategic plans. Thus, the Brain Injury Interagency Leadership Council embarked on the task of developing an updated formalized strategic plan that would set the direction and priorities for Minnesota and the Brain Injury Interagency Leadership Council and inform the designated Department of Human Services Traumatic Brain Injury Advisory Committee for the next five years. Grant funding was used to conduct a formal planning process. This document presents an overview of the strategic plan, a recommended framework for ongoing management of the plan, and supporting background data.

Background

The Traumatic Brain Injury Act of 1996 and subsequent reauthorizations relate to the Federal Traumatic Brain Injury Program in the US Department of Health & Human Services, Health Resources and Services Administration. The Federal Traumatic Brain Injury Program administers the State Traumatic Brain Injury Implementation Partnership Grant and the State Traumatic Brain Injury Protection and Advocacy (P&A) Grant Programs. Minnesota has received its fifth competitive State Traumatic Brain Injury Grant (starting in 1997) and has been funded ongoing for Traumatic Brain Injury Protection and Advocacy Grants since 2002. The first State Traumatic Brain Injury Grant funded a formal planning process in 1999-2000. Minnesota's overall goal is to continue the required four core components necessary for maintaining state infrastructure and grant eligibility:

- Designated lead state agency (DHS since 1997), with designated staff, responsible for coordination of State Traumatic Brain Injury activities;
- Designated Statewide Traumatic Brain Injury Advisory Board (DHS TBI AC since 1997) with a broad representation of individuals with brain injury and family members, advocates, mix of providers, public and community agencies that represent interested stakeholders and the continuum of services and supports for individuals across the age ranges;
- Comprehensive TBI Statewide Needs & Resource Assessments with attention to high risk populations and the identification of priorities for focus – completed or minimally updated every five years – that encompasses the full spectrum of care and services for all ages; and

- Updated Statewide Traumatic Brain Injury Action Plan to focus on state infrastructure which assists individuals with traumatic brain injury and their families in accessing appropriate services and supports – updated at least every five years.

Strategic Plan Overview

Project Participants

Rose	Collins	Minneapolis Veterans Affairs (VA) Medical Center
Charles	Cox	MN Department of Veterans Affairs (MDVA)
Mary	Enge	MN Department of Human Services (DHS)
Sharyl	Helgeson	MN Department of Human Services (DHS)
Jennifer	Iveland	MN Department of Veteran Affairs (MDVA)
Mary	Kennedy	University of Minnesota
Mark	Kinde	MN Department of Health (MDH)
David	King	Brain Injury Association of MN (BIAMN)
Gail	Lundeen	MN Department of Employment and Economic Development (DEED)
Wade	Majewski	MN DHS TBI Advisory Committee / Steering Committee/ Opportunity Partners
Craig	Martinson	MN DHS TBI Advisory Committee / Individual with brain injury
Anne	Moessner	Mayo Clinic TBI Model System
Adam	Piccolino	MN Department of Corrections (DOC)
Jon	Roesler	MN Department of Health (MDH)
Bud	Rosenfield	MN TBI Protection & Advocacy (P&A) Grant / Disability Law Center
Aundrey	Sanchez	MN Department of Veterans Affairs (MDVA)
Barbara	Sisco	MN Department of Education (MDE)

Organization of the Strategic Plan Document

This strategic plan document is intended to be a management tool for members of the Brain Injury Interagency Leadership Council and the Department of Human Services Traumatic Brain Injury Advisory Committee. The purpose of this document is to present a compilation of the plan. It will need to be reviewed annually to respond to the dynamic environment and interests of individuals affected by brain injury.

Direction and Goals

With a fresh perspective on our vision, an understanding of what we do well, and the current environment in which we operate, the Brain Injury Interagency Leadership Council identified a number of goals and objectives relevant to our mission (**Appendix A**). Through a prioritizing exercise, four top goals were identified.

Internal Goals - includes priorities related to productivity improvement such as training, operations, technology, efficiencies, and research and development.

External Goals – includes priorities related to providing services, entering new service markets, developing new services, and partnering with other organizations.

Agreement

The Brain Injury Interagency Leadership Council commits to maintaining a formal signed Interagency Cooperative Agreement, with subsequent versions to be developed by the members.

Resources

Brain Injury Interagency Leadership Council: As outlined in the Interagency Cooperative Agreement for the Brain Injury Interagency Leadership Council, in-kind commitment continues for member agencies staff representatives and Department of Human Services Traumatic Brain Injury Advisory Committee members – for time, travel costs, conference call communications, logistics needed for meetings and joint efforts. (Note: Some members of the Department of Human Services Traumatic Brain Injury Advisory Committee who live outside the metropolitan area receive travel related reimbursement for meeting participation from the Department of Human Services, the designated lead agency.)

Needs & Resource Assessments

Council members, the DHS TBI Advisory Committee, and agency representatives must continually consider inputs, reports (routine and otherwise), from state or national levels, which might inform the ongoing Needs & Resource Assessment (e.g., the Wilder Foundation's Survey on

Homelessness in MN, MN Department of Health reports on the TBI / Spinal Cord Injury Registry, MN DHS Disability Services Division TBI Waiver Reports, Federal TBI Program's contracted TBI Technical Assistance Center's (TBI-TAC) "Benchmarks for Systems Change," etc.). At least annually, data and input are considered and discussed as part of the annual review of the Action Plan by the Brain Injury Interagency Leadership Council and the DHS TBI Advisory Committee.

Designating and Maintaining Strategic Champions

This strategic plan and each stated goal needs a key person(s) or champion(s) at the helm, to assure that the plan stays on track and does not flounder. This person(s) needs to interact effectively with all other stakeholders to continue to garner buy-in and adherence to the goals and plans set forth.

Determining and Maintaining Metrics and Indicators to Measure Goal Achievement

The Brain Injury Interagency Leadership Council needs to determine what metrics and/or indicators to use to demonstrate progress or achievement of goals. Implementing financial and/or operational metrics to measure achievement of the goals set forth is an imperative part of the strategic planning process.

Supporting Documents

Background

In developing the Brain Injury Interagency Leadership Council's Statewide Brain Injury Action Plan and Strategic Plan, we considered our vision, guiding principles, stakeholders, strengths, weaknesses, opportunities, and successes. As part of the discussions regarding the strategic plan, debate evolved around various goals, with four key goals emerging.

Mission

To provide a supportive forum in which key stakeholders in the field of brain injury can collaborate on opportunities and challenges in developing, promoting, maintaining, and measuring the efficacy of systems and services to meet the needs of individuals with and families affected by brain injury.

Vision

Through productive partnerships, the Brain Injury Interagency Leadership Council will be a national leader in creating a better future for individuals with and families affected by brain injury.

Guiding Principles and Tenets

The following operating principles (developed with the 1999-2000 plan) influence and guide the members of the Brain Injury Interagency Leadership Council to carry out their vision.

- People with brain injury (as well as persons with other disabilities) shall be treated with respect and dignity.
- People with brain injury shall have the right to make choices for themselves and have maximum control over their lives.
- People with brain injury shall lead meaningful and productive lives through employment or other contributions to their communities.
- People with brain injury, their families and friends shall have the support they need to maintain stable and healthy lives.
- People with brain injury, their families and friends shall have access to information that is relevant, accessible and easily understood.
- Standards of quality and excellence in services for people with brain injury and best practices in all fields must be promoted.
- Prevention of disabling brain injuries must be supported through research, education and public awareness.
- The system of services for people with brain injury must be based on a clear vision of responsibilities among sectors and well-defined partnerships among sectors.

- The system of services for people with brain injury must strive for simplicity.
- Prevention of secondary conditions such as emotional problems and abuse of alcohol and drugs must be supported through public and professional awareness and access to appropriate supports.
- People with brain injury, their families and friends shall have access to appropriate supports in their communities.

Responses to the 2009 Statewide Needs and Resource Assessment

Issues reported in the survey and town hall meetings

- Quality of Life
 - Healthcare – access and quality
 - Transportation
 - Decline in Income
 - Employment
- Level of satisfaction with services

Summary of Strengths, Weaknesses/Threats, and Opportunities

Following is a brief summary of strengths, weaknesses, opportunities and threats highlighted by the members of the Brain Injury Interagency Leadership Council.

Strengths

- History/Experience – The Brain Injury Interagency Leadership Council members have history and experience. These professionals are skilled in brain injury systems of care, research and grant writing, and have strong education and public speaking skills. They have the ability to connect with people and build long lasting relationships. These relationships and networking skills have enabled them to foster connections across the country with other experts. The members of the Department of Human Services Traumatic Brain Injury Advisory Committee are represented on the Brain Injury Interagency Leadership Council. They bring the voice of persons with brain injury, family members, and the range of providers. Full participation by individuals with brain injury and family members is expected.
- Collaborates – The Brain Injury Interagency Leadership Council works as a team and focuses on group success rather than individual success. They have the ability to give and accept constructive feedback and ask and answer questions from each other. They allow for open and honest discussion to hear different perspectives from everyone. They believe that working together is smarter and that communicating and collaborating

among agencies is beneficial and necessary for us and for those we serve.

- **Dedicated** – The Brain Injury Interagency Leadership Council is compassionate and committed to the work they perform. They desire to stay abreast of new developments and to share their findings and best practices with others. They are driven to improve the choices available, thereby improving the lives of those they contact and serve.
- **Positive Attitude** – The Brain Injury Interagency Leadership Council membership continues to be hopeful and optimistic and has high expectations for themselves and the Council. They have insight, patience and use their sense of humor to maintain a positive outlook.

Weaknesses/Threats

- Our survey content, design and approaches (e.g., Needs and Resource Assessment) need to be re-examined
- Money/Time/HR (competing demands with limited resources)
- Changes in administrations bring changes in priorities, need for briefings, uncertainties, e.g., Governor and Commissioners that are their political appointees
- There is not equal access to services in all areas of the state
- Increased number of individuals with a brain injury
- Lack of meaningful activities for individuals affected by brain injury
- Nature of individual difference as it relates to brain injury (challenges due to variability)
- Focus on one purpose/cause
- Longevity of membership in the Brain Injury Interagency Leadership Council and the possibility of burnout; there is a need for timely succession planning
- Not enough time for different meetings
- We need to find a way to keep key decision makers involved and informed of the impact of brain injury and the work for the Brain Injury Interagency Leadership Council

Opportunities

Opportunities considered most important included:

- Develop, maintain, and refine comparative data studies and analysis
- Track, analyze, and report trends of individuals migrating between funding streams, especially private to public
- Understand and promote use of “Best Practices” across systems and agencies
- To the extent possible, identify and analyze the cost impact of injury, related to prevention efforts and legislation
- Contribute to any redesign of support programs based on functional needs and outcomes evaluation

- Strive to simplify information and access to information across programs, agencies, linking and bridging gaps for consumers, families, counties, providers, and others

Appendix A

Internal Goals

Goal 1: Develop valid, methodologically sound and administratively feasible data processes to assess and disseminate information regarding the financial impact of brain injury and the return on investment of specific interventions.

Rationale: Funding continues to be impacted by the economy and legislative priorities. We need to use and explain data more effectively to prioritize our needs, to drive policies, and to evaluate the return on investment of various interventions/programs/services.

By reviewing the research, literature and national reports, especially on high risk populations, we may begin to understand the impact on Minnesota and what that might mean for funding, services, and infrastructure. Challenges include the nuances and complexities associated with traumatic brain injury related data; the significant challenges with ‘missed diagnoses’ and ‘misdiagnoses,’ as well as the inconsistent definitions used (“Brain Injury”, “Acquired Brain Injury”, “Traumatic Brain Injury”, “Brain Impairment” and “Neurocognitive Disorders”, etc.) making data efforts and understanding across systems very difficult.

Actions	Timeframe	Partners	Resources Needed
Determine what data are needed and how they will be utilized			
Evaluate completeness/sources/value of existing data			
Determine what is missing in regards to needed data			
Determine cost of project(s)			
Determine source of funding for project(s)			

Measures of Success:

Goal 2: Establish a bi-annual brain injury summit that brings together policy makers and key stakeholders to discuss findings, policy and funding.

Rationale: The purpose of this summit is to engage Minnesota leaders in a forum to discuss policy and funding. Information could be shared about possible effective and innovative models. This could be a medium in which to release updated mapping, based on data, with specific recommendations and calls to action.

Actions	Timeframe	Partners	Resources Needed

Measures of Success:

External Goals

Goal 1: Effectively identify and appropriately address the needs of high risk populations (those at high risk of having an existing brain injury or sustaining one in the future) by improving state capacity which will lead to comprehensive and coordinated services.

Our current focus is to pursue development of systematic screenings, evaluations, treatment, and release planning for offenders with brain injury within the MN Department of Corrections, including specific attention to offenders who are American Indians.

Rationale: A recent report from the Commission on Safety and Abuse in America's Prisons recommends increased health screenings, evaluations, and treatment for inmates. Many people incarcerated in prisons and jails are living with brain injury-related effects that complicate their management and treatment. This finding was supported through a survey conducted among state prisoners in Minnesota from 2006 to 2009 as part of a State TBI Implementation Grant, which was coordinated through involvement with the DHS TBI Advisory Committee and the Brain Injury Interagency Leadership Council. The results of this survey found that 82.8% of male prisoners reported sufficient criteria of having had one or more brain injuries during their lifetimes. In addition, 96 out of 100 female offenders met criteria for sustaining a brain injury as well as 49 out of 50 male juvenile offenders. Given that most of these individuals will eventually be released back to the community, these effects pose challenges and are best identified and addressed in at least a preliminary fashion prior to transition out of the prison system to promote successful community re-entry.

Actions	Timeframe	Partners	Resources Needed
Increase screenings, evaluations, treatment, and release planning for offenders with brain injury in prison populations.	04/01/2010 – 03/31/2014	DHS, BIAM, DOC, BRAIN INJURY INTERAGENCY LEADERSHIP COUNCIL	\$125,000 per year

Measures of Success:

Transformational / sustainable infrastructure efforts within the Minnesota Department of Corrections.

Extension of efforts into Community Corrections, Pre-Sentencing, etc.

Outcomes: Improvements in reducing rates of recidivism, successful treatment and education outcomes for offenders and those managing the offender population.

Goal 2: Consider changes to the current delivery system to ensure that individuals with brain injury and their families have access to timely information, as well as appropriate and acceptable supports and services.

Rational: The survey and town hall meeting components of the 2009 Statewide Needs and Resource Assessment clearly identified obstacles in the current system related to:

- The structure and accessibility of brain injury services
- Inconsistent information and outreach systems
- Difficulty finding and maintain employment
- Educational resources
- Healthcare
- Transportation

There needs to be system based changes to increase access to available resources. Examples include better information and guidance on accessing services and a simpler stream lined system that is easily navigated by individuals affected by brain injury who commonly experience cognitive, behavioral, communication, and emotional residuals making the situation all the more complex. To some, there is a perception that services do indeed exist; however, accessing these services is challenging and impossible for many. Additionally there are geographic areas where services are severely lacking. With anticipated cuts in funding in the coming years, access to services will continue to be critical.

Actions	Timeframe	Partners	Resources Needed

Measures of Success:

People with brain injury find necessary services / systems;
Systems / Services find / identify people with brain injury.

Internal Issues

- Collect data – publish numbers and financial impact/return on investment
- Initiate the Minnesota Brain Injury Summit
- Decide on leadership rotation and parameters within the Brain Injury – Interagency Leadership Council/establish continuity
- Seek funding for an administrative person
- Make more effective use of data and what is known about brain injury to make the case more solidly and eloquently.
- Develop better way to share information
- Improve interagency coordination, communication, and cooperation in brain injury prevention, control, and service delivery
- Build passion and expertise across agencies, specialties, individuals with brain injury
- Clearly defined indicators of success to help map path
- Increase success in obtaining grants and funding
- Review goals and plans more frequently/set an action plan and accountabilities
- Invite Minnesota Department of Transportation to join the Council
- Identify other stakeholders/partnership arrangements
- Set tangible outcomes
- Identify, commit to, and follow-through on plan
- Work more strategically with the Department of Human Services Traumatic Brain Injury Advisory Council
- Improve communication with individuals outside of the Brain Injury-Interagency Leadership Council
- Put more ideas into action e.g., talk to 10 different organizations each month, establish a point of contact and design a seamless referral system

External Issues

- Continue to identify brain injury and administer assistance to Individuals in prisons
- Examine changes in transportation – to provide access to services
- Support for caregivers
- Increase options and opportunities for employment
- Collaboration that relates to American Indians
- Increased assistance in accessing services and funding (when applicable)
- Increased understanding of brain injury for primary and specialized healthcare providers
- Improve public awareness
- Determine quality indicators (What do good services look like?)

- Identify and diagnose brain injury and the challenges these individuals and their families face/Earlier intervention
- Support Groups
- Screening to identify people with a mental health diagnosis and garner attention for necessary screens, impact on treatment.
- Funds dedicated to education and policy
- Advocate for research
- Healthcare – funding/amount of coverage required
- Income – self sufficiency
- Members of the Brain Injury-Interagency Leadership Council conduct outreach/awareness regarding brain injury to those they work with, serve
- Support in Greater MN
- Brain Injury-Interagency Leadership Council has representation with all levels of government – setting precedence with cases and issues in a more formalized manner which is accepted as the standard with licensed and credentialed professionals
- Assistive Technology
- Recognize politicians who take an ACTIVE interest in the recommendations of Brain Injury-Interagency Leadership Council
- Recognize state departments with ongoing commitment to brain injury
- Promote continuing care
- Promote education
- Promote independent housing and options
- Promote state commitment to service
- Publicize benefits to veterans